

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the linesAMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-P-
AC)

ADDRESS (number and street)

7910 WOODMONT AVENUE SUITE 1050

☐Check if different
than previously
reported. (ACC)

BETHESDA

MD

20814

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00401695

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☒

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

11

25

2008

through

12

31

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Christine deVries

Signature of Treasurer

Electronically Filed by Christine deVries

Date

01

16

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-P-AC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	2	5	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		27576.68
(b) Cash on Hand at Beginning of Reporting Period	11454.30	
(c) Total Receipts (from Line 19)	3645.00	25076.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	15099.30	52652.68
7. Total Disbursements (from Line 31)	1770.00	39323.38
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	13329.30	13329.30
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-P-AC)

Report Covering the Period:

From:

M M D D Y Y W Y
1 1 2 5 2 0 0 8

To:

M M D D Y Y W Y
1 2 3 1 2 0 0 8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	2125.00	11555.00
(i) Itemized (use Schedule A)	1520.00	13096.00
(ii) Unitemized	3645.00	24651.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	3645.00	24651.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	425.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	3645.00	25076.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3645.00	25076.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1770.00	8583.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	1770.00	8583.38
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	30500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	240.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	240.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1770.00	39323.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1770.00	39323.38

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	3645.00	24651.00
34. Total Contribution Refunds (from Line 28(d))	0.00	240.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3645.00	24411.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1770.00	8583.38
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	425.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1770.00	8158.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 9

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-P-AC)

A.

Full Name (Last, First, Middle Initial)

Dr. Karen Blank

Mailing Address 261 Ridgewood Road

City

West Hartford

State

CT

Zip Code

06107

FEC ID number of contributing federal political committee.

C

Name of Employer
Institute of Living

Occupation

geriatric psychiatrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.5230

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Laurie Coyner

Mailing Address 8 Lynwood Boulevard

City

Wichita

State

KS

Zip Code

67207

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Geriatric Psychiatrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.5204

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Louis D. Klein

Mailing Address 20220 Center Ridge Road
Ste. 336

City

Rocky River

State

OH

Zip Code

44116

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Geriatric Psychiatrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.5228

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 9

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-P-AC)

A.

Full Name (Last, First, Middle Initial)

Dr. Jothika Manepalli

Mailing Address 1221 South Grand Boulevard

City

St. Louis

State

MO

Zip Code

63104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Geriatric Psychiatrist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.5246

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Thomas Oxman

Mailing Address 6 1/2 Mitchell Lane

City

Hanover

State

NH

Zip Code

03755

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dartmouth College

Occupation

geriatric psychiatrist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.5207

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Aurthur Rosecan

Mailing Address 224 Cornwall Street, Northwest

City

Lessburg

State

VA

Zip Code

20176

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Geriatric Psychiatrist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.5203

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 9

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-P-AC)

A.

Full Name (Last, First, Middle Initial)

Dr. Kimberly B. Rudd, M.D.

Mailing Address 15 Medical Park
Suite 141

City State Zip Code
Columbia SC 29203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Psychiatrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.5235

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Joel Streim

Mailing Address 631 Revere Rd.

City State Zip Code
Merion PA 19066

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Pennsylvania

Occupation
geriatric psychiatrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.5233

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

2125.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 9

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-P-AC)

A.

Full Name (Last, First, Middle Initial)

Akahi Productions

Mailing Address 3811 Maunaloa Avenue

City
Honolulu

State
HI

Zip Code
96816

Purpose of Disbursement
Deposit on entertainment for fundraiser

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.5251

Date of Disbursement

12 / 04 / 2008

Amount of Each Disbursement this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Polynesian Adventure Tours

Mailing Address Honolulu Group Sales Office
1049 Kikowaena Place

City
Honolulu

State
HI

Zip Code
96819

Purpose of Disbursement
Deposit - Fundraiser transportation costs

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.5252

Date of Disbursement

12 / 17 / 2008

Amount of Each Disbursement this Period

1370.00

SUBTOTAL of Disbursements This Page (optional)

1770.00

TOTAL This Period (last page this line number only)

1770.00